

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

65-63-020968

273

FILED MAY 22 1963

VS 300
Rev. 4/59

1 0790
2 0500
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4 0
5 2
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9 4200
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12 90-0
13 1-0

DATE AMENDED

INSTEAD OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.

SHOULD READ

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY **Perry**
b. CITY (If outside corporate limits, give TOWNSHIP only)
OR **Union TWP**
c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Perryville Rte #1**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Mo.** b. COUNTY **Jefferson**
c. CITY OR TOWN **Hillsboro** Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) **Rural Rte #1** Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
First **George** Middle **W** Last **Minker**

4. DATE OF DEATH
Month **May** Day **15** Year **1963**

5. SEX **Male** 6. COLOR OR RACE **White** 7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH **2-1-84** 9. AGE (last birthday) **79** IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farming** 10b. KIND OF BUSINESS OR INDUSTRY **Jefferson County, Mo.** 11. BIRTHPLACE (City and state or country) **USA** 12. CITIZEN OF WHAT COUNTRY **USA**

13a. FATHER'S NAME **Joseph Minker** 13b. MOTHER'S MAIDEN NAME **Catherine Schaeffer** 14. NAME OF HUSBAND OR WIFE **Delcy Drennen Minker**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) **No** 16. SOCIAL SECURITY NO. **[REDACTED]** 17. INFORMANT Address **Mrs Albert Bohnert Perryville, Mo.**

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Arteriosclerotic Heart Disease** INTERVAL BETWEEN ONSET AND DEATH **2 1/2**
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **[REDACTED]**
DUE TO (c) **[REDACTED]**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **[REDACTED]** PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased on **May 1962** to **May 15, 1963** and last saw her alive on **May 15, 1963**
Death occurred at **8:00 P** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE **J. H. Fairchild, M.D.** (Degree or title) 22b. ADDRESS **Perryville, Mo.** 22c. DATE SIGNED **5-16-63**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 23b. DATE **5-16-1963** 23c. NAME OF CEMETERY OR CREMATORY **Lucky Cemetery** 23d. LOCATION (City, town, or county) (State) **Jefferson County Mo.**

24. FUNERAL DIRECTOR **Young & Sons Perryville, Mo** ADDRESS **5-16-63** 25. DATE RECD. BY LOCAL REG. **5-16-63** 26. REGISTRAR'S SIGNATURE **Joel J. Zoellner**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.